# The Alberta Children and Youth Initiat (ACYI)

2000-2001 Annual Report

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# The Alberta Children and Youth Initiative (ACYI)

Ensuring that children are safe, healthy and encouraged to learn is the most important goal of any society. Investing in services to support families and communities creates the foundation for a strong society and economy.

Introduced in 1998, the Alberta Children and Youth Initiative (ACYI) is a collaborative partnership of government ministries working together on issues affecting children and youth. Its vision ensures that Alberta's children and youth are well cared for, safe, successful at learning, and healthy.

Children and youth issues cross many government ministries. This is both a challenge and an opportunity. The ACYI arose from recognition that a coordinated government-wide effort is critical for the effective and efficient support of children, youth and their families. Working together, government ministries and communities can more effectively address these issues.

**The expected outcomes of this collaborative approach are:**

- Children are born healthy.
- Children and youth are safe and free from abuse or neglect.
- Parents play the primary role in supporting and nurturing children and are provided with resources to meet the needs of their children.
- The social consequences of poverty on families are minimized.
- Aboriginal children and youth receive supports that are responsive to their cultural needs.
- Supports to children, youth and families consider the diverse cultural background of Alberta's families.
- Children are ready to learn when they start school.
- Children and youth succeed in school.
- Children and youth practice healthy behaviours.
- Youth are successful in the transition to adulthood.

**We all have an important role to play...**

Parents have the primary responsibility in raising their children, but communities, organizations, schools, businesses, and governments all have a role to play in helping to promote healthy children and youth. By supporting joint initiatives, government encourages communities to develop innovative approaches and solutions to meet the needs of Alberta's children and youth.

The ACYI provides a forum for dealing with children and youth issues from a broad-based perspective by using the expertise of each of the partnering ministries, communities, and Aboriginal people in developing strategies and initiatives. Strategies provide practical opportunities for organizations and individuals to work together for children, youth and their families.

This annual report focuses on initiatives under the ACYI umbrella however, services for children and youth are provided through a variety of government programs. This report provides a picture of Alberta's children and youth, profiles ACYI key initiatives, and gives information on how well we are meeting the overall goal that children and youth will be well cared for, safe, successful at learning and healthy.

**ACYI Partners:**

- Alberta Children's Services
- Alberta Learning
- Alberta Health and Wellness, including:
  - Alberta Alcohol & Drug Abuse Commission (AADAC)
  - Alberta Mental Health Board
- Alberta Aboriginal Affairs and Northern Development
- Alberta Community Development
- Alberta Human Resources and Employment
- Alberta Solicitor General

## Who are Alberta's Children and Youth?

The children and youth of Alberta are affected by a diversity of backgrounds, environments and lifestyles. The following section provides an overview of the factors that affect their lives and healthy development. Although each factor is presented separately, each of these individual variables interacts to effect the total experience of children in Alberta.

### General population and composition

- According to 2000 figures, there were nearly 840,000 children and youth aged 19 years or less living in Alberta; that is about one-third of Alberta's total population. Numbers of male and female children and youth in Alberta are approximately equal.
- Birthrate in Alberta has been declining steadily over the past several years; 37,162 babies were born in Alberta in 2000 compared to 39,455 in 1994.
- Nationally our population is aging because of fewer babies being born and people living longer. However, Alberta has the youngest population of all the provinces with 30% age 20 years or younger and 20% under age 15.
- The most recent Census data (1996) indicates that almost half (46%) of the Aboriginal population (which makes up about 6% of the total Alberta population) were 19 years or younger. Overall, the Aboriginal population of Alberta is much younger than the general population.
- Over three-quarters of Alberta's children live in towns and cities; the remainder live in rural areas. Children living in various parts of the province have different experiences, expectations, and issues.
- Albertans come from different cultures and backgrounds. This diversity influences how children's programs are planned and delivered.
- Alberta has the fourth largest number of immigrants (6.3%) in Canada, following Ontario (59%), British Columbia (16.5%) and Quebec (14%). In 2000, a total of 14,319 immigrants intended to come to Alberta.
- Immigrants are young; of the total number of immigrants intending to come to Alberta in 2000, 3,797 were children 18 years and younger. Most were intending to settle in either Calgary (59%) or Edmonton (29%). About 7.5% intended to settle in rural Alberta and 4.5% in other urban centres. Approximately one in five immigrants is a refugee.
- Preliminary data for the 2000/2001 school year show that there are approximately 554,780 provincially

funded children and students in Early Childhood Services (ECS) to Grade 12. Of these children and students, 74,824 are provincially funded students with disabilities in Early Childhood Services (ECS) through grade 12. Included in this total are 3,873 ECS and 10,626 grade 1-12 were students with severe disabilities and 5,348 ECS and 54,977 grade 1-12 students with mild/moderate disabilities.

- In a recent study, physician diagnostic codes were used to estimate the number of children and youth with a mental disorder. The researchers found that the maximum prevalence of a mental disorder was 9.5% for boys and 12.0% for girls. The types of mental disorders diagnosed varied with age. The rate of attention deficit disorder peaked at about age 10 and then decreased with age. The rates of anxiety, alcohol and drug problems, psychoses, depression and reactive disturbances gradually increased with age. The rate of developmental delay decreased with age.

## Children live in different types of families

Alberta trends point to smaller families, more lone parent families, and more families that are "blended" with children from previous marriages living together. Whatever their size or structure, families are important to children and youth.

- In 2000, there were 792,314 families in Alberta. Of these families, 86.7% (686,944) included two parents; 13.3% (105,370) were lone-parents. Of the lone-parent families, 82% (86,143) were headed by women.

- In 2000, 3.9% (1,457) of all births were to women 18 years of age or younger.

- Sometimes it is necessary for children and youth to receive protective care outside the home - this can be foster care, group homes, residential treatment, secure treatment, or independent living. As of March 2001, 15,032 children and youth were receiving child protection services – 7,187 while still in the family and 7,845 in care away from the family.

- Children who suffer from or witness family violence are at high risk of depression, low self-esteem, destructive and/or aggressive behaviour, or under-achievement: In 2000/2001, 5,834 children (average age 6) were admitted to shelters with their mothers. A further 3,253 dependants who ordinarily reside with their mothers were not admitted to shelters. Data were collected on behalf of all 9,087 of these dependants: When mothers were asked if their children had been abused, the most frequent abuse reported was: witnessing abuse (3,881); psychological/emotional abuse (2,580); financial abuse (891); physical abuse (883); neglect (853); and sexual abuse (202). Total reported incidents of abuse were 9,290. (Note: some mothers reported that their child(ren) suffered more than one type of abuse).

## Children live in families with different types of resources

Children who live in poverty are at greater risk of experiencing problems such as illness, behavioural and learning difficulties, and family violence.

- In 1999, the median income* for two parent families with children in Alberta was $63,900. The median income for lone parent families was $24,200.

  *Median income is determined by ranking all incomes and selecting the one that is at the mid-point of the list. Half the families have a higher income than the median, and half have a lower income than the median.

- In 2000/2001, 28,672 young children received childcare in day care centres or family day homes. Of these, 12,067 children (10,055 families) received childcare subsidies*.

  *Eligibility for subsidy is based on family net income and the number of family members.

- Basic benefits to eligible Canadian families are provided through the Canada Child Tax Benefit (CCTB), which helps parents meet their children's needs. Working with provincial and territorial governments, the National Child Benefit Supplement (NCBS) was introduced as a component of the CCTB in 1998 to provide higher benefits for children in low-income families.

  In Alberta about 248,000 children benefit from the NCBS each month, included in their CCTB payment.

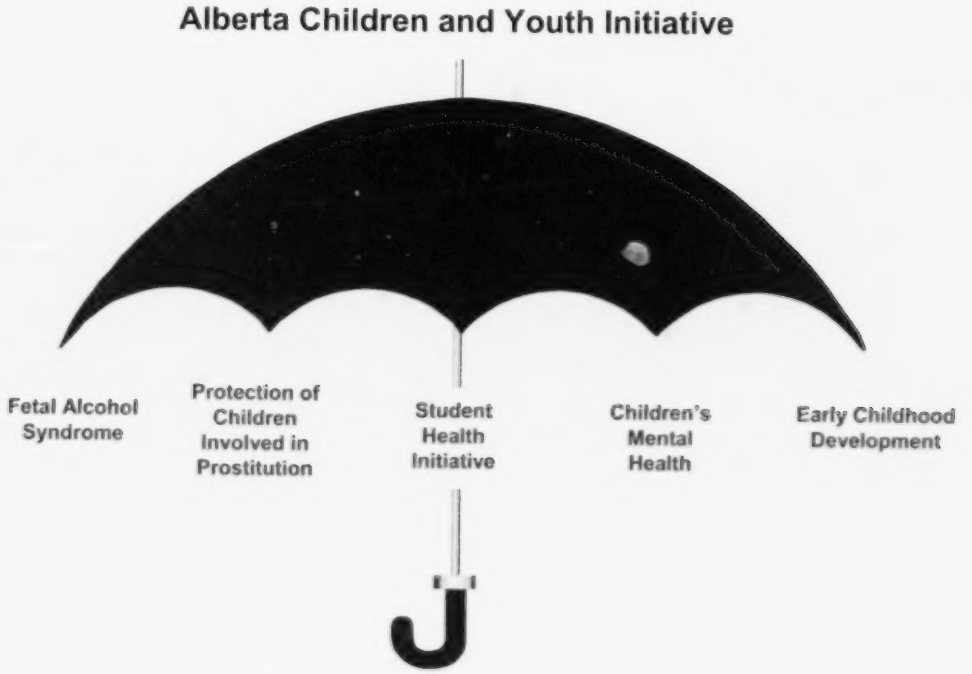
- The Alberta Child Health Benefit provides a health benefit plan for children in low-income families, including families whose parents are post-secondary or upgrading students. Families who qualify pay no fees or premiums to participate in this program which offers:
  - Basic dental care
  - Prescription drugs
  - Optical services
  - Emergency ambulance services
  - Essential diabetic supplies

  As of December 2001, 61,525 Alberta children and youth were receiving health coverage under the Alberta Child Health Benefit.

- Resources to Children with Disabilities (formerly known as Handicapped Children's Services), is a universal program that helps families meet some of the extraordinary needs that arise because of their child's special needs. The program includes information and referral services, financial assistance to purchase services, as well as assistance to parents to obtain and coordinate services. Program benefits include respite, homemaker and aide services, funding for extraordinary dental costs, travel, meals and accommodation when obtaining specialized treatment for a child. The number of families supported through Resources to Children with Disabilities increased from a monthly average of 8,289 in 1998/99 to an average of 8,927 in 2000/01.

# ACYI Key Initiatives

To improve supports and resources for children, youth and their families, five initiatives have been implemented to address key priority areas:



## Fetal Alcohol Syndrome (FAS)

Fetal Alcohol Syndrome (FAS) is a life-long preventable disability resulting from prenatal exposure to alcohol. The estimated world-wide prevalence of FAS and Fetal Alcohol Effect (FAE) is 1 in 100 births or approximately 380 children born each year in Alberta. The projected lifetime cost for additional supports to individuals with FAS or FAE is $1.5 million, excluding human costs and reduced economic capacity.

Why are FAS supports and services important? It is a disability that affects an individual's potential for a lifetime – a child with FAS becomes an adult with FAS. Without early diagnosis and appropriate supports and services, the potential for secondary disabilities and difficulties are great. They can include early school drop out, alcohol and drug abuse problems, inadequate parenting skills, joblessness, homelessness, involvement with the justice system, inappropriate sexual behaviours, premature death, and mental health problems. Nothing but prevention will change the numbers of people affected. Much, however, can be done to improve the quality of their lives within the reality of their disability.

**FAS Partnerships**
Alberta ministries, agencies and community stakeholders as well as western provincial and territorial governments are working together on FAS strategies through the Alberta Partnership on FAS and the Prairie Northern Pacific FAS Partnership.

*Alberta Partnership on FAS (APFAS).* Funded through Children's Services, the Alberta Partnership's goals are:

- the prevention of FAS, and
- the enhancement of community capacity for the care and support of those already affected.

As a collaborative of provincial government ministries, boards, community agencies and other authorities, the mandate of the APFAS is to develop, promote and coordinate a comprehensive, culturally sensitive provincial plan for the prevention, care, support and development of individuals with FAS or alcohol related birth defects.

With the assistance of Regional FAS Coordinating Committees, linkages have been formed with community agencies, government representatives and individuals such as adoptive parents, foster parents and caregivers who are personally affected by FAS or FAE. Partners who participate in the Regional FAS Coordinating Committees across the province include Child and Family Services Authorities, AADAC, regional health authorities, parents, Aboriginal groups, educators, crown prosecutors, correctional staff, social workers, community agencies, physicians, mental health, Persons with Developmental Disabilities staff, Health Canada, and others.

*Prairie Northern Pacific FAS Partnership (PNPFASP).* In 2001, the Prairie Northern FAS Partnership became the Prairie Northern Pacific FAS Partnership when the Government of British Columbia joined the governments of Alberta, Saskatchewan, Manitoba, Northwest Territories, Nunavut and Yukon as an active member of the partnership. FAS is a priority to all member provinces and territories. Coordinated collaborative attention to the issue allows for ongoing sharing of

information, efficient and effective use of existing resources, and a common and unified voice with federal, national and international authorities.

**FAS Strategies**

Strategies for the partnership include:

- Increase the number of programs available for women at high risk to give birth to a child with FAS
- Increase the number of high risk women accessing FAS mentoring programs

  - There are currently five "First Steps" programs in Alberta providing long term mentoring and advocacy support for women at high risk of giving birth to a baby with FAS/FAE. Of the five programs, three are funded primarily through the APFAS. The other two programs (newly established in Cold Lake and Calgary) are community-initiated and evidence the influence of the impact of the work of the APFAS with the community. In addition, Well Communities/Well Families is operating in the Edmonton area. This program is a multi-level community development program aimed at preventing and managing FAS by building the capacity of central Edmonton communities to support healthy pregnancies and families.

- Increase the number of professionals across sectors trained in FAS awareness and management

  - Multi-disciplinary training on FAS has been delivered to over 2000 professionals across Alberta. This includes training of social workers, addictions counsellors, mental health therapists, crown prosecutors, physicians, teachers and correctional staff. Training is designed to improve policies and practices of these professionals and the organizations that work with high risk families and those already affected by FAS.

- Increase public awareness of FAS as a 100% preventable disability

  - A public awareness campaign co-sponsored by Alberta Children's Services and AADAC was developed. The campaign is being delivered in two different mediums including a television commercial, launched in November 2001, and a poster campaign. Both mediums deliver the same message: "You wouldn't give alcohol to your newborn, why your unborn?"

## Protection of Children Involved in Prostitution (PChIP)

### Background

The Government of Alberta proclaimed the *Protection of Children Involved in Prostitution Act* in February 1999 (amendments were proclaimed in March 2001). This legislation was groundbreaking on a national scale as it clearly identified child prostitution as child sexual abuse and that governments have a responsibility to ensure the protection of sexually exploited children. Previously, many believed that prostitution was a lifestyle choice and children involved in prostitution were often charged with solicitation.

### Highlights of the Protection of Children Involved in Prostitution Act (PChIP)

- The *PChIP Act* recognizes that children involved in prostitution are victims of child sexual abuse and in need of protection.
- Programs and services are available across Alberta to protect sexually exploited children and to help children end their involvement in prostitution.
- Under the *PChIP Act*, "johns" and "pimps" (sex trade offenders) can be charged with child sexual abuse and fined up to $25,000, jailed for up to two years, or both.

### Recent Developments

In March 2001 the Government of Alberta allocated an additional $10 million over three years to enhance programs that prevent the sexual exploitation of children and protect children involved in prostitution. Through their involvement with the PChIP Initiative, children can access a variety of supports and services including drug and alcohol counselling, medical treatment, counselling or psychological services, educational programming, and life skills training. These services are tailored to meet the individual needs of each child in a holistic manner.

Communities across Alberta have been developing strategies to increase community awareness about the sexual exploitation of children and enhancing programs that protect children involved in prostitution. In Edmonton and Calgary, strong community partnerships have been created to deliver a comprehensive continuum of services ranging from community support to confinement in a Protective Safe House.

Examples of innovative programs dealing with the sexual exploitation of children across Alberta include:

- **Grimmon House**—a long-term residential treatment centre operating in the Hearthstone Child and Family Service Authority (CFSA) that opened in October 2001. Operated by Street Teams/Safe House Society, the program provides care to sexually exploited females under the age of 18.

- **TRAC (To Reach and Connect) Youth Outreach Program**—a preventive program, operated by Sun Country CFSA, providing youth with information and support to make healthy life decisions in order to alleviate their involvement in high risk situations and prevent them from entering the sex trade.

- **Mountain Plains Community Outreach Program**—has completed a needs assessment related to "at risk youth" in Grande Prairie and is providing outreach

support to children at risk of involvement, or involved in prostitution in CFSA Region 13.

- **Eleanor's House**—a group living environment for youth attempting to leave prostitution within the Calgary Rocky View CFSA. The program offers in-house addiction treatment in collaboration with AADAC and is an excellent example of the cross-ministry partnerships and community collaboration being developed to assist sexually exploited youth.

**In addition....**

- Youth involved in prostitution gained enhanced access to addictions treatment through partnerships developed between regional CFSAs and AADAC.
- Outreach workers were hired in three rural regions to address prevention and early intervention of sexual exploitation of children and children at risk.

Training on the PChIP Amendment Act was provided to over 100 stakeholders.

**Statistics**

- 776 referrals have been made to the PChIP program since its inception in February 1999:
  - 309 children involved in prostitution had files opened under the PChIP program
  - 563 apprehensions have occurred between February 1999 and December 2001 (includes children who have been apprehended more than once)
  - 24 referrals were from rural communities
- In 2001-2002, 93 children were apprehended under PChIP and 38 (41%) subsequently entered into a voluntary service agreement:
  - Voluntary service agreements are signed when a youth decides to leave prostitution with the support of extended services. It is a direct measure of the number of youth making their own decision to leave prostitution.
  - This increase reflects significant growth in the proportion over the previous year when only 13% of children decided to enter into a voluntary service agreement.
- The average age of a child accessing services through the PChIP program is 15.6 years.
- Recent research in Alberta confirms previous studies that indicate that 80% of sexually exploited children were sexually abused prior to becoming involved in prostitution.

## Student Health Initiative (SHI)

On March 17, 1999, the Alberta government announced the Student Health Initiative (SHI) as one of the Alberta Children and Youth Initiative's (ACYI) priorities. The SHI was developed to enhance the capacity of school authorities, regional health authorities, child and family service authorities, the Alberta Mental Health Board (AMHB), and other stakeholders to more effectively support students with special health needs. The goal of the SHI is to improve access to and enhance the provision of integrated health and related support services for children with special health needs so that they can participate fully in their education programs and be successful at learning.

It is estimated that approximately 73,000 students in Alberta have special health needs. This includes children with physical disabilities, developmental disabilities, neurological disorders, sensory impairments, medical conditions, and/or emotional/behavioural disabilities who are registered in school programs from Early Childhood Services through Grade 12. Services eligible for funding include speech-language therapy, physical therapy, occupational therapy, audiology, respiratory therapy, clinical nursing, and emotional/ behavioural supports.

Student Health funding can only be accessed when school authorities, the regional health authority, the regional child and family services authority, and the regional office of the AMHB, establish a Student Health Partnership and develop a joint service plan. The Partnerships collectively set priorities, develop collaborative strategies for delivering services, and share accountability for results.

There are 20 Partnerships that cover SHI services for the entire province. The first year of the initiative (1999/2000) was dedicated to the formation of partnerships which then set priorities, developed strategies, established coordinating mechanisms, recruited staff and began to deliver enhanced and/or new services. All of the Partnerships identified emotional/behavioural support services as their number one service priority. The second highest service priority was speech-language services and the third highest priority was occupational therapy, and/or physical therapy. The second year (2000/2001) focused on refining partnership processes, service delivery models and recruitment of staff to implement the initiative.

Government allocated $28.14 million for the SHI in the 2001/2002 school year to support collaboration by local/regional authorities. An additional $324,000 was provided to Student Health Partnerships in the 2001/2002 school year to fund services for First Nations students who live on reserve and attend school off reserve.

Parents, partnerships and teachers have noted improved coordination of special health services. Parents indicate that the SHI has improved opportunities for their child to actively participate in school activities, improved their child's academic achievement, and improved the ability of their child to meet educational goals. Regional partners also indicate that the SHI has resulted in an enhanced understanding of programs and services offered by other partners, which results in better services for children. Service plans submitted by partnerships reflect a more integrated,

coordinated approach to the delivery of student health services. Teachers also report that student health services have improved their students' abilities to be successful at learning.

For further information and the contact list for Student Health Partnerships, please link to the Student Health Initiative web site at www.gov.ab.ca/student health.

## Children's Mental Health

The Children's Mental Health Initiative (CMHI) is one of several coordinated activities implemented as part of the Alberta Children and Youth Initiative (ACYI). Funding for CMHI activities has been ongoing since 1998 when the Government of Alberta committed resources to the development and implementation of services specific for children and youth with mental health difficulties and their families.

Working collaboratively, the Alberta Mental Health Board (AMHB), government ministries and their agencies, regional health authorities, and contracted service providers deliver mental health services to children, youth and their families. To enhance coordination and access to services, the AMHB was designated as the lead in working with ACYI partnering ministries to develop a provincial integrated policy framework for a comprehensive system of mental health services for children and youth. The policy framework was presented to the Minister of Health and Wellness in July 2001 and is posted on the AMHB web page. Focus groups have supported the framework and a strategic implementation plan has been prepared.

In the interim, Regional Mental Health Clinics worked with their Regional Mental Health Advisory Committees to enhance mental health services for children and youth, and their families in their communities. Consistent with the model proposed in the policy framework for optimizing mental health, enhancements target 'building capacity', ' reducing risk', or 'providing support and treatment'.

New and enhanced children's mental health services include:

- Mental health promotion
- Prevention and adolescent crisis services
- Early intervention
- Parental support and in-home support programs
- Integrated intake systems and resources
- Therapy, consultation, supervision
- Increased psychiatric consultation
- Residential and community based services
- Day treatment
- Independent living skills
- Psychiatric nursing at secure treatment facilities
- Forensic services for young offenders in the community and in correctional facilities, including the establishment of mental health units at the Edmonton and Calgary Young Offenders Centres
- Resources at specialized hospital clinics
- Services to neurodevelopment clinics
- Community outreach services for youth at risk
- Services as part of the Student Health Initiative

In addition to service enhancements at the regional level, provincial initiatives have also been implemented such as:

- Mental health promotion and prevention activities. These include a province-wide mental health promotion campaign, community capacity building in crisis response and threat assessment, youth-led initiatives, and school-based promotion.
- A community response team model for children at-risk piloted in Calgary. The community response team model provides services to children, youth and their families

who are experiencing a crisis, or who may be at risk of becoming involved in Child Welfare services. The crisis may be related to mental health issues, psychosocial or other potential life-threatening circumstances.

- A Provincial Eating Disorder Service which provides a continuum of services for adolescents, young adults and their families. An evaluation strategy for this program is under development.
- A comprehensive interministerial cross-sectoral province-wide educational and training initiative aimed at increasing community awareness and professional capacity to work with children with mental health disorders.
- Post-secondary children's mental health courses are available for mental health workers and/or students who plan to work with children and adolescents.
- The internationally renowned child psychiatrist Dr. Bruce Perry has been recruited by AMHB as the Medical Director of Children's Mental Health to provide workshops via telemental health to assist staff to understand complex cases and help high-risk children and youth.
- Demonstrating a commitment to partnership and collaboration, Dr. Perry holds joint appointments with AMHB, AADAC, Solicitor General, and Children's Services to assist with coordinated mental health services for children and youth.
- Aboriginal initiatives, including services for children and their families. Training programs for service providers have been implemented and are being expanded through community consultations with First Nation and Metis Nation communities.
- A comprehensive review of existing tools to measure outcomes in children's mental health was completed. Work is underway to assess the merits of these instruments for clinical and evaluation use within the province. It is expected that a global measure of functioning will be piloted.
- Parents of children receiving mental health services in regional mental health clinics will be asked to participate in a study assessing their satisfaction with mental health services provided to their family.
- A strategic provincial plan for research in child and adolescent mental health is under development. Research and clinical staff will be included in the process.

## Early Childhood Development (ECD)

In September 2000, First Ministers signed the Early Childhood Development Communiqué, affirming their commitment to the well being of children and setting out their vision of early childhood development.

The first six years of a child's life are extremely important to their development. Current research includes evidence which shows that experiences during this period have the most important influence of any time in a person's life span. Studies indicate that children who are nurtured and given positive attention during the early years are less likely to develop learning, behavioural, emotional and health problems.

To ensure children get the best start in life, Alberta Children and Youth Initiative (ACYI) partners have developed Alberta's ECD strategy, which will enhance community capacity to provide a range of health, social and learning programs and services for parents, families, and children from preconception to age six. The strategy recognizes the importance of a child's early years on their future development. The following are the four key areas of Alberta's ECD strategy. Specific initiatives within the key areas will be determined by regional ECD partnerships.

**Healthy Birth Outcomes**
Parents who make healthy choices about relationships, nutrition and the use of alcohol and drugs, will be better prepared for a healthy pregnancy. Investments in this area will provide greater access to services to expectant parents, new parents and infants, such as prenatal classes and additional support to new mothers in monitoring their baby's health and caring for their infant.

**Enhancing Parenting Skills**
Parents have primary responsibility for meeting the needs of their children. Positive parenting is one of the strongest factors in promoting healthy and successful outcomes for children. Investments will strengthen the capacity of parents to meet the needs of their children by providing additional supports though various initiatives such as parent-child resources and home visitation programs.

**Optimal Childhood Development**
Quality early childhood development programs are a valuable support to parents in promoting positive child development and improving the likelihood that a child will be better prepared for, and successful in school. Investments will provide enhanced early childhood development programming and pre-school programs in a variety of settings that can be accessed by all parents, such as childcare settings, family resource centres, Moms and Tots programs, and toy-lending libraries.

**Building Community Capacity**
To build strong children, we need strong communities. Parents, government, businesses, and local organizations must be encouraged to continue working together to meet the needs of our children. Investments will provide increased support for local partners, parents and communities to plan, provide and continuously improve the quality of services to support children and families. Government ministries are working together to establish a system for screening children for the first five years of life to address the needs of those at risk and to improve their chances for healthy development.

Common federal/provincial/territorial outcomes are being developed for reporting on early childhood initiatives. Reporting to Albertans on achievement of initial investments will occur within the next year.

## Where to From Here?

ACYI partners have been successful in working together in meeting the needs of Alberta's children and youth. While significant achievements have been made, there are additional opportunities and challenges where ACYI partners will focus their future efforts.

ACYI partners will focus on specific strategies that require a cross-ministry approach to achieve positive results for children and youth. Some examples of cross-ministry strategies include:

**Children and youth with disabilities and special health needs**
Children and youth with disabilities and special health needs require considerable support to improve their opportunities for successful development. As these supports often involve several ministries, families with children and youth with disabilities and special health needs will benefit from the integrated approach offered by the ACYI. A provincial policy framework will be developed which will clarify resources and available services and streamline access to services for families. Over the long term, children with complex needs will benefit from coordinated long-term service plans, and families will be well informed and involved in determining necessary supports and services.

**Youth transitioning to adulthood**
Alberta's ongoing prosperity and quality of life depends on the successful development of our youth. A Youth in Transition policy framework has been developed to guide cross-ministry policies, strategies and outcomes for youth (13-24 years) in transition to adulthood. ACYI partners will work together on implementing this policy framework, supporting youth in making successful transitions to employment and educational opportunities, and increasing mentoring opportunities for high-risk youth.

**Aboriginal children and youth**
The Alberta government is committed to improving services for Aboriginal children and youth, as demonstrated through the Aboriginal Policy Initiative, which outlines strategies to enhance the well-being of Aboriginal children, youth and their families. ACYI partners will ensure continued involvement with the Aboriginal Policy Initiative and assist in the development of strategies to improve services for Aboriginal children and youth. These strategies will specifically focus on ensuring Aboriginal children get a healthy start in life, and are supported in making a successful transition to adulthood.

**Streamline partnerships and integrated planning**
Collaborative planning regarding children and youth services continues to occur as demonstrated through the work of partnerships within the key ACYI initiatives. ACYI partners will examine strategies that will further develop the potential of a regional partnership model, by streamlining administrative and accountability requirements of existing partnerships. It is intended that streamlining and development of a regional partnership model will result in better integrated planning of services for children and youth.

# Performance Measures

This section reports on the performance measures that show us how well we are meeting the overall goal that children and youth will be well cared for, safe, successful at learning, and healthy.

Each performance measure has a brief description of what it is measuring and what it can tell us. It should be noted that while changes in data may occur from year to year, this may be due to random variation in rates. The significance of the change can only be determined through a review of data over a number of years. Data from previous years has been included to provide a picture of trends that may be developing.

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## Outcome: Children are born healthy

Measures impacting healthy births

| ***Percentage of mothers receiving prenatal health care*** | ***1997*** | ***1998*** | ***1999*** | ***2000*** |
|---|---|---|---|---|
| Percentage of pregnant women receiving 4 or more prenatal visits | 96.1% | 96.2% | 96.0% | Data available February 2002 |

Alberta Health and Wellness

Virtually all pregnant women receive 4 or more prenatal visits.

Both prenatal visits with a health professional and attending prenatal classes are related to healthier birth weight babies. Women younger than 20 had the lowest number of visits, with only 88% receiving four or more visits. Also, less than half of pregnant women under the age of 20 attended prenatal classes.

| ***Percentage of mothers reporting the consumption of:*** • ***alcohol*** • ***the use of tobacco*** • ***the abuse of other substances during pregnancy:*** | ***1997*** | ***1998*** | ***1999*** | ***2000*** |
|---|---|---|---|---|
| Alcohol | 5.6% | 4.9% | 4.7% | Data available February 2002 |
| Tobacco | 26.8% | 26.9% | 25.8% | |
| Illicit drugs | 1.7% | 1.9% | 1.8% | |

Alberta Health and Wellness

Pregnant women are decreasing their use of alcohol and tobacco.

Using alcohol and drugs during pregnancy increases the risk of the baby having one or more birth defects.

Alcohol consumption during pregnancy can cause neurological and nervous system damage to the unborn baby. Stopping alcohol consumption at any time during the pregnancy can help reduce the damage.

Cigarette smoking is linked to low birth weight. As well, smoking has been linked with sudden infant death syndrome, delayed motor development at one year of age, increased childhood mortality, and children being shorter than their peers.

| *Percentage of premature births* | *1997* | *1998* | *1999* | *2000* |
|---|---|---|---|---|
| Percentage of premature births (less than 37 weeks gestation) | 7.3% | 7.4% | 7.4% | 8.5% |

Alberta Health and Wellness

The percentage of premature births has increased from the three previous years.

Premature birth is the main factor causing low birth weight, which is an important indicator of child health as described further in the next measure. Factors associated with premature births include maternal smoking; maternal pre-existing chronic illnesses; previous history of premature births, small for gestational age birth or neonatal death; and maternal age over 35 years.

| *Percentage of low birth weight babies* | *1997* | *1998* | *1999* | *2000* |
|---|---|---|---|---|
| Low birth weight (percentage) | | | | |
| Alberta | 6.2% | 6.2% | 5.9% | 6.0% |
| First Nations | n/a | n/a | 5.4% | 5.2% |

Alberta Health and Wellness

Data for 2000 indicate that these rates are relatively constant.

The provincial target is to reduce the overall rate to 5.5% by 2002.

This provincial target has already been achieved for First Nations babies.

Babies who weigh less than 2,500 grams are more likely to have birth-related complications, disabilities, birth defects, and other health problems. They also are more likely to have developmental delays, learning and behavioural problems, and long-term health problems.

| *Percentage of high birth weight* | *1997/98* | *1998/99* | *1999/00* |
|---|---|---|---|
| Alberta | n/a | 1.7% | 2.0% |
| First Nations | n/a | 3.6% | 4.4% |

Alberta Health and Wellness

High birth weight is linked to increased complications for the mother at delivery. Also, infants with very low or high birth weights have an increased risk of developing chronic conditions such as asthma or diabetes.

The percentage of Alberta babies born with a birth weight over 4500 grams has increased over the previous year, and has also increased within First Nations. The percentage of First Nations babies born with high birth weight continues to be more than double the rate for the rest of the population.

| *Infant mortality rate* | *1997* | *1998* | *1999* | *2000* |
|---|---|---|---|---|
| Infant mortality rate, Alberta (per 1000 live births) | 4.9 | 5.3 | 5.6 | 6.5 |

Alberta Government Services – preliminary data for 2000

A strong relationship exists between low birth weight and risk of infant death. Other factors associated with an increased risk of infant death include congenital anomalies; low maternal education; low or high maternal weight; and premature birth.

In 1921, 86 out of every thousand infants died before their first birthday.

The infant mortality rate has increased in 2000 compared to the previous three years.

## Outcome: Children are ready to learn when they start school

Measures impacting children's readiness to learn

| ***Percentage of 2 year old children who have been fully immunized*** | ***1997*** | ***1998*** | ***1999*** | ***2000*** |
|---|---|---|---|---|
| Diphtheria, Pertussis, and Tetanus (DPT) | 80% | 77% | 79% | n/a |
| Measles, Mumps, Rubella (MMR) | 90% | 86% | 89% | n/a |

Alberta Health and Wellness

Immunization for vaccine preventable diseases has drastically reduced the rate of communicable diseases in Alberta.

As young children interact with more people, they are exposed to more communicable diseases. Immunization is an important measure to protect children from illness and help children to be healthy and ready to start school.

Well baby clinics and immunization visits provide opportunities for public health nurses to identify young children who are having difficulties or who are behind in development and refer them for intervention. Addressing developmental concerns early enhances the child's ability to acquire and refine the basic skills that will be needed for participation in school.

| ***Children are ready to learn when they start school*** |
|---|
| Early Development Index (school readiness measures) |

A pilot of the Early Development Index is in progress in several school jurisdictions: Calgary Public, Calgary Catholic, Rocky View, Wetaskiwin and Aspen View.

## Outcome: Children and youth succeed in school

Measures that indicate how well children are doing at school

| *Children succeed in school* | *1997/98* | *1998/99* | *1999/00* | *2000/01* |
|---|---|---|---|---|
| Percentage of students in grades 3, 6 and 9 who achieved the "acceptable" standard on provincial achievements tests | | | | |
| Grade 3 Language Arts | 86% | 89% | 91% | 89% |
| Grade 3 Mathematics | 81% | 85% | 88% | 88% |
| Grade 6 Language Arts | 84% | 84% | 86% | 85% |
| Grade 6 Mathematics | 82% | 83% | 84% | 85% |
| Grade 6 Science | 80% | 84% | 85% | 88% |
| Grade 6 Social Studies | 78% | 82% | 84% | 85% |
| Grade 9 Language Arts | 87% | 88% | 90% | 89% |
| Grade 9 Mathematics | 72% | 72% | 74% | 75% |
| Grade 9 Science | 79% | 79%* | 79% | 80% |
| Grade 9 Social Studies | 79% | 81%* | 81% | 82% |

Alberta Learning

*Data has been updated.

Generally, student performance at the acceptable level has improved over the last 5 years. Students who have achieved the acceptable standard in language arts and mathematics have developed the foundation skills needed to become literate and numerate adults.

Alberta students were the best in reading and were in the top three in the world in math and science on the most recent *Organization for Economic Cooperation and Development (OECD) Programme for International Student Assessment (PISA)* conducted in 2000. Alberta results in reading were significantly higher than results for all other countries. In math and science, the Alberta results were not significantly different from the results for the top two countries. Thirty-two countries from the developed world participated in the assessment.

| *Children succeed in school* | *1997/98* | *1998/99* | *1999/00* | *2000/01* |
|---|---|---|---|---|
| Percentage of high school students who are satisfied with the quality of education in schools | 96% | 94% | 95% | 94% |
| Percentage of students completing high school within six years of entering grade 9* | 70% | 70% | 71% | |
| Percentage of students completing high school within five years of entering grade 10* | | | 72% | Data available June 2002 |

Alberta Learning

* In 2001/2002 Alberta Learning improved the methodology for calculating high school completion rates, which were also applicable to school jurisdictions. The new methodology replaced the methodology used for previous reporting years.

Students consistently indicate they are satisfied with the quality of education in schools. In 1999/2000, 72% of students completed high school within five years of starting grade 10. Some students take longer to complete. By the ages of 25-34, about 90% of Albertans have completed high school.

## Outcome: Children and youth practice healthy behaviours

Measures that indicate that children and youth are practicing healthy behaviours

| ***Percentage of teens who do not smoke*** | ***1996/97*** | ***1997/98*** | ***1998/99*** | ***2000**** |
|---|---|---|---|---|
| Percentage of Alberta teens aged 15-19 who do not smoke on a daily basis | 78% | n/a | 75% | 73% |

AADAC
Health Canada
*Canadian Tobacco Use Monitoring Survey, February – December 2000

Most Alberta teens do not smoke on a daily basis.

In Canada, among older teens, more females than males are daily smokers.

| ***Percentage of youth who use drugs or alcohol regularly**** | ***1996*** |
|---|---|
| Adolescents (12-17) using | |
| Alcohol | 7% |
| Marijuana | 2% |
| LSD, PCP, Magic Mushrooms, designer drugs | 1% |
| Once or more per week | |

AADAC
*This survey was completed on a one-time basis and is not regularly conducted.

A survey carried out in 1996 indicated that only a small minority of Alberta youth uses drugs or alcohol regularly.

| ***Number of suicides among children and youth*** | ***1997*** | ***1998*** | ***1999*** | ***2000*** |
|---|---|---|---|---|
| | 35* | 36* | 38** | 29** |

*Alberta Government Services
**Office of the Chief Medical Examiner

In 2000, there has been a decrease in suicides. Of the 29 suicides among children and youth, most were in the 15-19 age group.

| ***Births to mothers 18 years of age and under*** | ***1997*** | ***1998*** | ***1999*** | ***2000*** |
|---|---|---|---|---|
| | 1,550 | 1,597 | 1,530 | 1,457 |

Alberta Government Services

The number of births to mothers 18 years of age and under have decreased since 1998.

These statistics reflect all births to mothers 18 years of age and under, including multiple births.

| *****Criminal activity by youth*** | ***1997*** | ***1998*** | ***1999*** | ***2000*** |
|---|---|---|---|---|
| Violent youth crime rate | 1,031 | 933 | 909 | 972 |
| Youth property crime rate (per 100,000 youth population) | 3,306 | 2,664 | 2,448 | 2,493 |

Canadian Centre for Justice Statistics (CCJS)

**The numbers in this report represent a change in data collection by Justice and Attorney General

Criminal activity by youth has shown a decrease between 1997- 1999, although there was a slight increase in 2000.

The youth crime rate gives an indication of how youth crime impacts the population as a whole. Alberta, like all provinces in Canada, measures youth crime using the number of criminal charges brought against youth compared to the population of an area. Rates are calculated per 100,000 youth population.

| ***Youth admitted to custody*** | ***1997/98*** | ***1998/99*** | ***1999/00*** |
|---|---|---|---|
| | 5,143 | 4,553 | 4,127 |

Canadian Centre for Justice Statistics (CCJS)

Alberta's current rate of incarceration for youth is the third lowest among Canadian provinces and territories. The use of custody has steadily declined in each of the last 5 years and there has been more reliance on alternatives.

## Outcome: Youth are successful in the transition to adulthood

Measures that indicate youth are moving successfully into adulthood

| ***Percentage of students entering post-secondary education*** | ***1999*** | ***2000*** | ***2001*** |
|---|---|---|---|
| Percentage of students who are offered post-secondary education places within 5 years of completing grade 12* | 59.2% | 59.9% | 60.5% |

Alberta Learning
Alberta Council on Admissions and Transfer

The number of students who completed grade 12 and had been offered post-secondary education places, within five years of completing grade 12, has remained constant.

*Refers to the percentage of grade 12 students in the specified school year (including those who have not received a diploma or certificate) who were offered admission to post-secondary in any of the following five years.

Many employment opportunities in today's economy demand post-secondary education.

| ***Youth Unemployment Rate**** | ***1998*** | ***1999*** | ***2000*** | ***2001**** |
|---|---|---|---|---|
| Percentage of youth (aged 15-24) in the labour force who are unemployed | 10.2% | 11.9% | 10.7% | 9.1% |

Statistics Canada

The annual average unemployment rate in Alberta has been declining since 1999.

*Previously reported as "Rate of employment of young adults".

| ***Rate of preparedness of youth for the workforce*** | ***1997/98*** | ***1998/99*** | ***1999/00*** | ***2000/01*** |
|---|---|---|---|---|
| Percentage of parents, high school students, and the public who agree that high school graduates have the knowledge and skills to enter post-secondary education and training | | | | |
| Parents (of K-12 students) | 49% | 52% | 49% | 53% |
| High school students | 84% | 86% | 88% | 86% |
| Public | 52% | 52% | 55% | 60% |

Alberta Learning

Students are more optimistic about their preparedness for post-secondary education and training in comparison to their parents and the public's view of student preparedness.

## Outcome: Children and youth are safe and free from abuse or neglect

Measures to show that children and youth are free from abuse or neglect and live in a safe and healthy environment

| ***Hospitalizations for Unintentional Injury Albertans Aged 0-19 Years*** | ***1995/96*** | ***1996/97*** | ***1997/98*** | ***1998/99*** | ***1999/00*** |
|---|---|---|---|---|---|
| Motor Vehicle Related | 954 | 826 | 815 | 861 | 750 |
| Accidental Falls | 1,621 | 1,428 | 1,262 | 1,348 | 1,332 |
| Accidental Poisoning | 362 | 304 | 284 | 245 | 258 |
| Other Unintentional Injuries | 2,170 | 2,071 | 2,221 | 2,152 | 1,985 |
| Total | 5,107 | 4,629 | 4,582 | 4,606 | 4,325 |

Alberta Health and Wellness

1. Due to a more comprehensive diagnostic coding being used, this table is not comparable to previously published results for this measure.
2. The same hospitalization may be counted in more than one injury category.

With the exception of 1998/99, there has been a steady decrease in the number of hospitalizations for unintentional injuries.

For children aged 0-19, unintentional injury is the leading cause of death.

Children need special protection in their early years when there are many exciting things to taste and places to explore. In the teenage years, youth experiment with new behaviours, take risks, and test limits. Parents and caregivers need to ensure that their children and youth are kept from danger by making their world as safe as possible and by teaching responsible decision-making.

| ***Incidence of reported child abuse or neglect*** | ***1996/97*** | ***1997/98*** | ***1998/99*** | ***1999/00*** | ***2000/01*** |
|---|---|---|---|---|---|
| Child abuse or neglect cases: | | | | | |
| Reported | 43,856 | 46,026 | 46,761 | 49,091 | 50,750 |
| Investigated | 29,634 | 31,464 | 33,467 | 34,553 | 36,000 |
| Substantiated | 12,676 | 13,693 | 15,034 | 15,995 | 16,880 |

Alberta Children's Services

Under the *Child Welfare Act*, it is mandatory to report suspected child abuse or neglect. Of the reported 50,750 calls in 2000/01, nearly 17,000 cases of child abuse or neglect were substantiated. This was an increase over the previous year's total.

| ***Perceptions that schools provide a safe and caring environment*** | ***1998/99*** | ***1999/00*** | ***2000/01*** |
|---|---|---|---|
| Percentage of **students** who agree that their school provides a safe environment | 90% | 92% | 92% |
| Percentage of **parents** who agree that their school provides a safe environment | 90% | 88% | 87% |
| Percentage of **students** who agree that their school provides a caring environment | 86% | 87% | 89% |
| Percentage of **parents** who agree that their school provides a caring environment | 89% | 86% | 87% |

Alberta Learning

An overwhelming majority of parents and students feel that schools provide a safe and caring environment.

## Outcome: Parents play the primary role in supporting and nurturing children and are provided with resources to meet the needs of their children

Measures to indicate that families have adequate resources

| ***Median income for two-parent and lone-parent families*** | ***1997*** | ***1998*** | ***1999*** | ***2000*** |
|---|---|---|---|---|
| Two-parent familes | $61,000 | $63,100 | $63,900 | Data available May 2002 |
| Lone-parent families | $22,400 | $24,000 | $24,200 | |

Statistics Canada

*Median income is determined by ranking all incomes and selecting the one that is at the mid-point of the list. Half the families have a higher income than the median, and half have a lower income than the median.

In 1999, two-parent median incomes* were more than twice the amount of lone-parent median incomes.

| ***Percentage of children living in families with income above the Market Basket Measure of low-income threshold*** | ***1996*** | ***1997*** | ***1998*** | ***1999*** | ***2000*** |
|---|---|---|---|---|---|
| Percentage of Alberta children living above the market basket measure low income threshold | 87% | 91% | n/a | n/a | n/a |

Measuring Up

*The Market Basket Measure of low income is a calculation of income thresholds at which a family has sufficient income to cover the costs of food, clothing, shelter, and other expenditures deemed necessary for all Canadians. Geographic differences in costs are reflected. These costs, by family size, are then compared to family income available for consumption.

According to preliminary data for 1997, 91% of children in the province live in families with incomes above the Market Basket Measure (MBM)* low-income threshold. 1997 data is based on 1996 preliminary data. Data for the MBM is being collected and validated by Statistics Canada. It is anticipated that actual MBM data will be released by Statistics Canada in Fall 2002.

| *Monthly average of children receiving Resources for Children with Disabilities (formerly known as Handicapped Children's Services)* | *1998/99* | *1999/00* | *2000/01* |
|---|---|---|---|
| | 8,289 | 8,462 | 8,927 |

Alberta Children's Services

## Outcome: Aboriginal children and youth receive supports that are responsive to their cultural needs

Measures to indicate Aboriginal children and youth receive culturally responsive supports

To ensure Aboriginal people have direct input into child and family services provided for their children by the regional authorities:

- There are two co-chairs for each regional authority: one Aboriginal and one non-Aboriginal.
- The composition of the regional authority boards reflects the proportion of Aboriginal children receiving services within each region.
- The minimum target for Aboriginal membership on the regional authority is defined as the proportion of Aboriginal children with child protection status or the population of Aboriginal children within a region, based on the funding model weighting for Aboriginal children. Children from First Nations are included in both models.

| ***Proportion of Aboriginal Children in the care of the province*** | ***1998*** | ***1999*** | ***2000*** | ***2001*** |
|---|---|---|---|---|
| Percentage of children receiving child protection services who are Aboriginal | 37%* | 37% | 38% | 38% |

Alberta Children Services
*Data has been updated.

The percentage of Aboriginal children receiving child protection services has remained relatively constant since 1998.

First Nations people and their communities also have direct input through agreements that delegate Ministerial duties and powers under the Child Welfare Act to provide child protection services.

| ***Average monthly numbers of First Nations children being cared for through a First Nation Child Welfare Agreement*** | ***1997/98*** | ***1998/99*** | ***1999/00*** | ***2000/01*** |
|---|---|---|---|---|
| Average monthly number of children receiving child protection services in a First Nations Delivery worksite | 702 | 1,013 | 1,357 | 1,413 |

Alberta Children's Services

In 2000/01, although there was an increase in the number of Aboriginal children in protective services, the rate of increase is less than the three previous years.

The continued increase in services being delivered by First Nations reflects the number of agreements being signed for the delivery of services over the past three years. There currently are 16 agreements with First Nations Agencies delegated to provide child welfare services on reserve for 37 of the 46 First Nations of Alberta.

In addition, a 17th agreement with Siksika First Nations provides for the delivery of child welfare services to band member children off reserve in the Calgary Rocky View area.